

Orientation of New Planning Council Members

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Executive Officer

California Mental Health
Planning Council

<http://www.dmh.ca.gov/MHPC/default.asp>

Planning Council Vision, Mission, and Values



■ Vision Statement

The CMHPC envisions a public mental health system that offers excellent, effective, and affordable consumer and family-driven mental health services that are timely, accessible, and appropriate for all of California's diverse populations.

Mission Statement

- The CMHPC, a multicultural consumer, family, provider, and advocate organization:
 - Provides oversight to the Department of Mental Health regarding accessibility, availability, and accountability of the State's mental health system
 - Advocates for accessible, timely, appropriate, and effective services, which are culturally competent, age and gender appropriate, strengths-based, and recovery-oriented
 - Educates the public and the mental health constituency about the current needs for public mental health services and ways to meet those needs

Values

- Consumer/family voices, choices, and preferences are heard, embraced, and acted upon
- Consumers are entitled to services that recognize and encourage their strengths and reduce stigma and discrimination
- Consumers/families participate in the individual design, delivery, and evaluation of services
- Family partnerships are developed to involve children and youth in the design, delivery, and evaluation of services
- The Recovery Vision is the paradigm for designing, delivering, and evaluating services
- Services are based on effective practices and quality outcomes that are consumer-driven

Values

- Services embrace a holistic philosophy, which recognizes that the physical and spiritual health of the individual plays a key role in recovery
- Cultural competence is essential for accessible and effective services
- Accessibility of services for diverse populations is the cornerstone of quality services
- In systems of care, mental health services are provided in active collaboration with community services and other service agencies and partners

SAMHSA Block Grant



- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Administered by Center for Mental Health Services (CMHS)
- \$57 M federal grant received annually by State

Federal Duties

- Review the State mental health plan required by PL 106-310 and submit to the State any recommendations for modification
- Review the annual implementation report on the State mental health plan and submit any comments to the State

Federal Duties

- Advocate for adults and older adults with SMI, children with SED, and other individuals with mental illnesses or emotional problems
 - Authorizes the Planning Council to become involved in various issues affecting all persons with mental illness
 - Advocate on federal and state legislation
 - Advocate for consumer and family member empowerment in planning and policy development

Federal Duties



- At least once a year, monitor, review, and evaluate the allocation and adequacy of mental health services within the State
 - Evaluating the mental health system through performance outcome measures or oversight of managed care would fulfill this requirement

State Duties

- Advocate for effective, quality mental health programs. Review, assess, and make recommendations regarding all components of California's mental health system, and report as necessary to
 - “All components” includes the DMH, state hospitals, local mental health programs, and MHB/Cs
 - Allows the Planning Council to become involved in a broad scope of issues
 - Legislative advocacy

State Duties



- Review program performance in delivering mental health services by annually reviewing performance outcome data as follows:
 - (a) Review and approve the performance outcome measures

State Duties



- (c) Report findings and recommendations of programs' performance annually to the Legislature, the State Department of Mental Health, and the local boards
- (d) Identify successful programs for commendation and for consideration of replication in other areas. As data and technology are available, identify programs experiencing difficulties

State Duties

- Advise the Legislature, the State Department of Mental Health, and county boards on mental health issues and the policies and priorities that this state should be pursuing in developing its mental health system

State Duties

- Implications for tasks or projects:
 - Advise DMH by having Planning Council members sit on committees and task forces
 - Provide written comment on DMH policies and procedures
 - Meet with Department staff
 - Advise local mental health boards and commissions on key issues

State Duties

- Make recommendations to DMH on the award of grants to county programs to reward and stimulate innovation in providing mental health services
- Conduct public hearings on the State mental health plan, the SAMHSA Block Grant, and other topics, as needed
- Participate in the recruitment of candidates for the position of Director of Mental Health, and provide advice on the final selection

State Duties

- In conjunction with other statewide and local mental health organizations, assist in the coordination of training and information to MHB/Cs as needed to ensure that they can effectively carry out their duties
 - Participate in the Statewide Training Plan Committee to develop an annual training plan
 - Invite local mental health board members to Planning Council meetings

State Duties

- Assess periodically the effect of realignment and any other important changes in the State's mental health system and report the findings to the Legislature, DMH, local programs, and local boards, as appropriate
 - Initiate studies about realignment and any other major system changes

State Duties

- Advise the Director of Mental Health on the development of the State mental health plan and the system of priorities contained in that plan
- Suggest rules, regulations, and standards for the administration of this division
- When requested, mediate disputes between counties and the State arising under this part

Chapter 71, Statutes of 2003 (AB 376, Chu)

- Review and monitor implementation of counties' efforts to improve quality of services to foster children
- Advocate to reduce stigma and discrimination against persons with mental illness
- Work with advocacy organizations to remove barriers facing children and youth who need mental health services
- Sunsets after January 1, 2007

Contract for Participation

■ Values

- Empowering consumers and families

■ Attendance

- Expected to attend all quarterly meetings
- Letter to DMH Director if two meetings missed in 12-month period
- Asked to resign if three meetings missed in 12-month period

■ Deliberation and Decision-making

- Appointees act as individuals not representatives of organizations
- Diverse viewpoints represented on Planning Council
- Tolerance for disagreement encouraged; polarization into factions discouraged

Contract for Participation

- Leadership Development
 - Priority placed on helping members acquire skills to become committee chairs and officers: Leadership Forum
- Meeting Preparation
 - Materials sent a week or more in advance of meetings
 - Quarterly meeting packets require 4-6 hours to read (at least initially)
- Serving on Committees
 - Functional Committee
 - System of Care Committee (optional)
- Representing the Planning Council
 - Must be asked by Chairperson to represent Planning Council
 - Responsible for accurate representation of our positions

Mentors



- On same functional or SOC committee as you
- Available by phone to answer your questions
- Will be seated next to you at Planning Council meetings

2004 Meeting Dates

| <u>MEETING</u> | <u>DATE</u> | <u>LOCATION</u> |
|----------------|----------------------|-----------------------|
| January | January 14, 15, 16 | San Diego |
| April | April 14, 15, 16 | Riverside/Los Angeles |
| June | June 16, 17, 18 | Sacramento |
| September | September 22, 23, 24 | Bay Area |

Meeting Structure

■ Wednesday

– 1:00 p.m. - 5:00 p.m.

- System of Care Committee

– 6:00 p.m. - 9:00 p.m.

- Executive Committee

■ Thursday

– 8:30 a.m. - 11:30 a.m.

- Functional Committees

■ Thursday

– 1:00 p.m. - 5:00 p.m.

- Full Planning Council Meeting

– 5:15 p.m. – 5:45 p.m.

- Leadership Forum

■ Friday

– 8:30 a.m. - 12:30 p.m.

- Full Planning Council Meeting

Governance Structure

- Officers
 - Chairperson
 - Chair-elect
 - Past-Chair
- One-year terms
- Elections at January meeting
- Committee chairs/vice chairs appointed
- Executive Committee
 - Officers (3)
 - Committee Chairs (4)
 - CMHDA Liaison (1)
 - DMH Liaison (1)
 - 2 at-large
- Majority should be direct consumers and family members

Deputy Executive Officer

■ Beverly Whitcomb

– Other duties

- Policy and System Development Committee
- Legislative Unit

– Employed by Planning Council since 1989

– Employed by DMH since 1980

- Background in Legislation and Personnel

Legislative Process

- Legislative Platform (Tab B-6)
- Legislative Bill Analysis
 - Positions on bills adopted by Executive Committee
 - Staff consult with major constituency organizations having expertise or experience with bill subject
- Legislative Bill Summary – distributed every two weeks

Committee Structure

■ Functional Committees

- Quality Improvement
- Human Resources
- Policy and System Development
- Based on top priority issues for Planning Council; subject to change every 3-4 years



■ System of Care Committee

- Children and Youth
- Adult
- Older Adult

Quality Improvement Committee Staff

■ Ann Arneill-Py

- Employed as Executive Officer since 1985
- Staffed the AB 904 Planning Council to develop the *California Mental Health Master Plan*
- Involved in developing realignment legislation
- Involved in creation of Planning Council
- Helped develop performance indicators
- Currently working on PhD in Psychology at UC Davis with emphasis on research methods

Quality Improvement Committee

- Develop positions on implementation of performance indicators
 - Local mental health programs
 - State hospitals
- Develop positions on issues before State Quality Improvement Council
- Monitor adequacy of DMH oversight

Quality Improvement Committee

- Monitor performance of local mental health programs
 - Receive annual reports from local mental health boards and commissions
 - Review the results of Medi-Cal onsite reviews
- Monitor state hospital performance

Human Resource Committee Staff

- Irene Borgfeldt
- Employed by Planning Council since 2001
- Formerly Communication Specialist at CIMH for 4 years
 - Healthy Families Newsletter, CALWorks publications, Cathie Wright Newsletter and publications
 - Created and maintained web page

Human Resource Committee Staff

- Employed by CIMH for Planning Council since 2000
- Brian Keefer
 - Director of Program Evaluation, Casa de Esperanza, Domestic Violence/Sexual Assault Program
 - Master's Degree in Sociology, CSU Humboldt
- Sara Brandt
 - Formerly Executive Secretary in the California State Assembly, including Speaker's Office

Human Resources Committee

- Serves as a statewide catalyst to address the shortage of mental health staff
- Held two summits
- Mission Statement
 - Increase the diversity of the workforce and assure that it is competent in terms of culture, gender, age, and religion

Accomplishments

- Vacancy rate study
- Consumer and family member employment
- Capacity of the educational system
- SB 1748 Task Force
- Expanding use of Psychiatric nurse practitioners
- Ethnic social worker focus groups
- High school health academy manual

[illegible]

Policy and System Development

- *California Mental Health Master Plan*
 - Completed the update of the plan
 - Included in Orientation Manual
- Responsible for Planning Council Meeting Themes
 - *Housing for California's Mental Health Clients: Bridging the Gap*
 - *Funding Theme—current topic*

System of Care Committee

- Staffed by Irene Borgfeldt
- Age groups combined
 - Enables focus on issues across lifespan
 - Culturally competent
- Retains subcommittees by age group

Children & Youth Subcommittee Issues

- Mental health and education issues for youth in juvenile justice facilities
- AB 3632 funding crisis
- Medi-Cal requirements for Day Rehabilitation and Day Treatment Intensive

[illegible]

System of Care Committee

- Adult Committee
 - Beverly Whitcomb
- Older Adult Committee
 - Ann Arneill-Py

Adult Subcommittee Issues

- Public issues about relationships between mental illness, violence, and stigma
- Employment, wellness, and recovery
- IMD data/transition from IMDs/community transition
- Housing
- Consumer-operated programs

Older Adult Subcommittee

- Follow-up survey on county Older Adult Systems of Care
- Recognition of older adults in federal statute
- Advocacy of SAMHSA Block Grant funding for new Older Adult Demonstration Project

Planning Council Budget

| | |
|-------------------------------|------------------|
| Personal Services | 254,000 |
| General Expense | 32,000 |
| Printing | 8,000 |
| Communications | 8,000 |
| Postage | 2,000 |
| Travel | 80,600 |
| Training | 5,700 |
| Facilities Operation | 14,500 |
| Total-Planning Council SAMHSA | <u>\$417,000</u> |
| Human Resource Project--DMH | <u>\$373,000</u> |

Travel Expense Claim Worksheet

1. Date you departed _____
2. Destination _____
3. Time you departed from your home _____
4. Date you returned _____
5. Time you reached your home _____
6. If you drove to the airport or the meeting, round trip mileage _____
7. If you drove, your license plate number _____
8. Any bridge tolls _____
9. Purpose of trip: _____
10. Send all of the following receipts if you incurred any of these expenses:

You must submit all your receipts except for your meals. (For example: Airline itinerary, parking, shuttle and hotel bill with a zero balance etc.) You may also submit any Planning Council business phone bills, but you must indicate for each call who you spoke with and the business conducted.

Check List:

- ___ Airline ticket (original ticket required or itinerary receipt for ticketless travel)
- ___ Hotel receipts (receipt should have a “zero balance”)
- ___ Parking receipts
- ___ Taxi or shuttle receipts

Per Diem Breakdown:

Breakfast (leave at or before 6:00 a.m. and end at or after 9:00 a.m.): up to
\$6.00

Lunch (leave at or before 11:00 a.m. and end at or after 2:00 p.m.): up to
10.00

Dinner (leave at or before 4:00 p.m. and end at or after 7:00 p.m.): up to
18.00

Incidentals (can only be claimed for every 24 period) up to
6.00

Total: up to
\$40.00

Day 1

B_____

L_____

D_____

I_____

Day 3

B_____

L_____

D_____

I_____

Day 2

B_____

L_____

D_____

I_____

Day 4

B_____

L_____

D_____

I_____